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ABSTRACT

Designed for the rural practitioner, this manual offers a description of the major developmental tasks faced by individuals during the latter part of the life span and a summary of the major implications that research holds for building community programs for the rural elderly. Section II discusses two major assumptions: (1) because human beings are members of social systems (the most important of which is the family), those systems must be considered if services are to be effective; and (2) effective social programs will take into account the fact that life is a developmental process. Although the primary focus of the manual is on the elderly, the developmental approach calls for a study of middle age. Section III discusses the changes and challenges of middle age. Section IV, with emphasis on the rural elderly, discusses the major social-psychological developments of old age including role changes, physical and mental changes, income and housing issues, perceptions of life, and family relationships. Section V offers guidelines for delivering human services to the rural elderly. It describes the diversity found in rural communities, misconceptions held concerning the elderly, involvement of the elderly in planning meaningful activities, service delivery cooperation, and family and network oriented programming. The manual advises the study, development, and use of strong natural helping systems for the delivery of human services to the rural elderly. Section VI is an extensive bibliography, divided into the same topic sections as the text of the manual. (CM)

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THE RURAL ELDERLY: PROGRAM PLANNING GUIDELINES

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The development of effective communication linkages between practitioners and researchers remains for the most part an elusive ideal. Both groups seem to recognize the important complementary role each can play in the others work; yet, somehow the press of everyday functioning preempts the time necessary to transform the rhetoric of commitment into the reality of action.

The funds provided to support the development of this manual by the North Central Regional Center for Rural Development (NCRCRD) created an oasis in the treadmill. For us it has been an opportunity to reflect on the enormous volume of research which is currently available on aging and to draw from that research some practical implications, or guidelines, for community practitioners. It has been an unusual opportunity and we are grateful to the NCRCRD staff, in particular its Director, Dr. Ronald C. Powers, for their support and encouragement during this process.

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The Authors

SECTION I:

PLANNING COMMUNITY PROGRAMS FOR THE RURAL ELDERLY

In preparing this manual it was our intention to systematically explore the major portion of the research literature which is available on the aging process in rural communities. From this review we wanted to create a manual for community practitioners that would contain:

- a concise and readable statement describing the major developmental tasks faced by most individuals during the latter part of the life span; and
- a summary of the major implications the research holds for those responsible for building community programs for the rural elderly.

The manual is not meant to be an exhaustive review of the gerontological literature; rather, it reflects our concern with the delivery of community services. The available literature was sifted to determine those critical areas which contain practical program implications. This reduction process has been by nature subjective and by necessity reflects our bias and understanding of the intricacies of community planning. Nevertheless, the need for translating the work and language of researchers to that of practitioners continues to exist, and we therefore offer the following perspectives not as the whole answer but as one step towards the answer.

Because we deal in this manual with the practical implications of research, the primary intended audience is the community practitioner. Although we hope that researchers will find this manual an interesting extension of their work, we have purposefully left out the degree of detail and specificity

that characterizes typical research writings. Each of the areas discussed in the manual, nevertheless, has a research base and we have attempted to provide the sources of this foundation in the bibliography.

This manual is meant to be a resource which will complement the practitioner's broad training in social gerontology, community development and/or the delivery of human services. It is our purpose to focus the attention of the practitioner, if only for a moment, on the aging process as it functions under one particular set of environmental circumstances. If the manual succeeds in providing a background for rural practitioners it will allow communities to begin their programs at a higher level of competence and sophistication, to avoid past mistakes and blind alleys and to capitalize on much that has been thought and done in this area.

Planning Community Programs in Small Towns and Rural Communities

In the years immediately following World War II our country experienced a dramatic exodus of young men, women and their families from small towns and rural communities into more urbanized areas. The lure of better jobs, better wages and more opportunities led millions to flee the countryside for the glitter and glamour of the big city. During the 1960's, at perhaps what was the zenith of the struggle of cities to accommodate this expanding population, the problems of urban America became front page headlines. Growth had come too quickly, or at least without proper planning, and soon political and academic debate raged over how to reduce the existing turmoil. It was during this period that a large number of national energies and fiscal

resources became mobilized and directed at reversing the "decaying" social and economic trend of inner-city family life.

Beginning with the 70's, however, America began to experience a small, but significant, shift in the rural-to-urban exodus. Indeed, during the three year period following 1970 the nonmetropolitan counties of the United States gained a greater percentage of population than did their metropolitan counterparts (Beale, 1975; Brown, 1977). In fact, the change was so pervasive that it held true for all age levels except the young adult (ages 20-24 years) who continued to leave the rural environment in favor of more urban areas (Zuiches & Brown, Note 1). But, apparently in the eyes of many Americans, the appeal of major urban areas had diminished and the attractiveness of rural and small town communities had increased.

This general pattern of shifting residency was also true for persons 65 years and older (Wang & Beegle, Note 2; Zuiches & Brown, Note 1). Although the majority of the elderly still live in large cities, significant numbers are now choosing to leave such urbanized areas in favor of more rural communities. Many of us are aware of the tremendous increase in the number of elderly in the small towns and rural communities of the "Sun Belt"--Florida, Texas, Arizona, and California. Fewer of us realize, however, that a similar trend, although less dramatic, is evident in the Midwest and the Northeast--hardly "sun" centers (Wang & Beegle, Note 2)!

Many believe that this pattern is just "metropolitan sprawl;" that is, that large cities are simply spreading out into hundreds of little towns. But, when the specific nature of this changing growth pattern is examined, one soon realizes that such an interpretation is not supported. Actually,

it is not the counties adjacent to the big cities which are experiencing the greatest growth--in the Midwest a greater percentage of the most remote counties have reported an inmigration of persons 65 and older (Wang & Beegle, Note 2).

At about the same time that our small towns and rural areas have been experiencing a growth in their number of elderly residents, the country as a whole has become more conscious of the plight of the elderly. The medical and nutritional advances that have been achieved in our country during this century mean that on the average people are living longer; and this fact, when combined with recent decreases in birth rates, has resulted in a greater percentage of our population each year being 65 years or over. As academic, political and public attention has focused on the lives of the elderly, however, we have begun to realize that growing old in America is not always a pleasant experience. Because of a multitude of factors, all working in combination, a disturbing number of the elderly are lonely, poorly fed, without proper medical care, living in deplorable housing conditions and are existing on what amounts to a poverty-level income because of inflation.

Because of the increased awareness of the problems of the aged, federal, state and local officials have begun to channel a greater proportion of the available resources to create services to support Americans during their senior years. Several significant legislative actions have resulted in services for the elderly expanding in almost all communities, and small towns and rural communities have been no exception. Where once there was almost nothing, now there is Medicaid, senior citizen centers, meals-on-wheels, homemaker services, retired volunteers programs and many others.

Indeed, some research indicates that the greatest growth in these types of services has happened in rural areas (Taietz & Milton, Note 3). Yet, this same research shows that these considerable increases have failed to erase the rural-urban differences in the numbers and kinds of services offered. Taietz and Milton (Note 3) surveyed 53 upstate New York counties to determine the social services available for the elderly and compared their data to a similar survey conducted in the same counties in 1967 (Taietz, 1973). In the second study all services for the elderly were found to be significantly more prevalent than they had been in the earlier study. The greatest growth, however, had occurred in the rural areas. In 21 of the 25 services on which data had been collected, increases were greater for the rural than for the urban counties. Nevertheless, important rural-urban differences continued to persist. The authors reported that in their sample the urban counties still provided significantly more services for the elderly than did their rural counterparts, although the differences were now less than they had been in 1967.

There are many reasons why these differences persist, not the least of which is the inappropriateness for rural areas of many program models developed for use in the inner city. The earliest attempts by practitioners to develop and deliver human services in rural areas soon demonstrated one important fact--rural areas would require more than simply a watered down version of the big city program. Areas of program planning and delivery that had been of little concern when building models for urban communities became major obstacles in rural regions. Program location, transportation, delivery costs, limited physical facilities and program staffing are but a

few of the major logistical issues confronted by rural practitioners (Coward, 1977). Several authors have pointed out the need to develop innovative organizational structures and models for delivering social services in rural settings (Coward, 1977; Taietz, 1975; Williams, 1976; Coward, Kerckhoff & Jackson, Note 4). Yet, more often than not rural programs continue to be little more than scaled-down versions of urban programs.

The development of better strategies for delivering services to the rural elderly will depend in part on a critical assessment of what we know, and don't know, about the aging process in such environments. As is the case in so many areas of intervention, however, a significant part of this knowledge is so deeply embedded in the research literature that it currently has little impact on the work of practitioners or on the rapidly increasing number of community programs that are being delivered (Coward, 1976; Coward & Cervantes, 1977). The practitioner's use of the research literature has been hampered by at least two major factors: (1) the astronomical increase in the amount of written works available (34,000 publications on aging between 1948 and 1960!); and (2) the lack of translation of research findings into useable implications for everyday program functioning.

Few individuals, either researchers or practitioners, have had the opportunity to synthesize the research related to aging and to reflect on the practical interpretations of this large and diffuse body of literature so as to provide guidelines for community planners to consider. There exists, therefore, a need among community practitioners for a readable set of materials which brings together a clear interpretation of the program implications of the research currently available.

For practitioners developing programs for the elderly residing in small towns and rural communities this need may be particularly critical. The shift in the residence of the elderly towards nonmetropolitan communities, coupled with the rising national consciousness about the needs of the elderly, has resulted in a rapid growth of human services in rural areas. Yet, the inappropriateness and inefficiency for rural areas of program models developed in urban areas has placed the rural practitioner at a critical point in the development of effective programs. Before becoming overcommitted to one form of community programming, the rural practitioner needs to take a critical look at what is known about the elderly, about aging in rural environments, and about the delivery of services in small towns and rural communities.

SECTION II:

THE APPROACH OF THIS MANUAL

Two crucial questions face community leaders when they plan human services for elderly people in rural communities:

- *What are the human service needs of the rural elderly?*
- *How can these services most effectively be delivered to the rural elderly?*

Our approach to answering these questions has been to survey the research about aging. In our review of research we were especially interested in five types of information:

- We were interested in the social-psychological aspects of growing old. We focused on the relationships the older person has with other human beings and on the feelings and thoughts that he or she has. Therefore, we did not pursue other very important aspects of aging such as the physiological changes that take place in the body.

- We were interested in viewing aging as a family affair. We used a very broad definition of "family." We did not want to limit our concept to the traditional picture of what a family used to be or even should be. Families are changing, and we wanted our approach to keep up with the realities of life today. It might be more accurate to say that we were interested in the old person as he is seen in whatever group is close to him--in his most intimate circle of human beings.

- As much as possible, we focused on the "normal" aging process. Although that is difficult to define, basically we were interested in aspects of aging that are fairly common rather than rare and that are recognizable by the average citizen and not just by the trained specialist.

- We were interested in aging as it takes place in a rural setting. The research that we reviewed often did not make a distinction between rural and urban aging and, therefore, there still continues to be controversy about how important such a distinction is. There are, however, many popularly held beliefs about aging in rural societies and we were interested in seeing whether there was research evidence available to support these beliefs.

- Finally, despite our interest in what is "common" and "normal" about aging, we kept in mind that there is a great human diversity in all social-psychological issues and that our generalizations about "old people" are as subject to error as are all other generalizations about human beings. This factor of diversity seems very important to us because we believe that it greatly influences the success or failure of many social programs for the elderly. If community programs are built on the assumption that all people of a given age have the same needs and interests, they will almost surely fail.

Throughout our efforts two underlying assumptions influenced our approach to the understanding of growing old in rural America. The first assumption was that human beings are members of social systems and that the effective provision of services will have to take into account the systems as well as the individuals involved. Our second major assumption was that life can best be viewed developmentally, with each stage understood by knowing what came before it and what will most likely follow it. Again, we believe that effective social programs for the elderly will take developmental stages into account. Before proceeding with our survey of the research about aging, we want to elaborate on these perspectives.

The Family and Other Systems

Our assumption is that the elderly person can best be served by social programs that view him as a member of various groups or systems composed of interacting human beings. The family system seems the most important to us. To say that a family is a system means that each individual in the family affects and is affected by every other member of the family (Cromwell & Olson,

1975; Jackson, 1970; Kanter & Lehr, 1975; Speer, 1970). From this perspective, describing the whole family is more than just looking at the different individuals in the family. Something new is added when two or more individuals in a family are interacting which cannot be explained by looking at the individuals separately (Van Bertalanffy, 1950). At the same time, the family system is related in important ways to other systems such as the neighborhood and community and the religious, the occupational, and the educational systems, all of which interact with and influence each other (Buckley, 1967).

What happens, then, to any one person or to any one part of a system affects all other persons and parts. For example, the birth, death, marraige or any other developmental change experienced by one member of the system affects the whole system and all the people in it. Similarly, a change in one system has impact on all systems which are related. A school is closed because of consolidation, for example, and Mrs. Jones is no longer an influential member of the PTA, and her son is no longer a star basketball team member. In turn, their reactions to these changes in their lives will affect their interaction with other family members.

Changes in systems can come either from changes that take place in the members of the system--such as their growing old--or from events which occur in other systems. Changes may be absorbed by a system through minor adjustments, or they may severely disrupt and alter the system.

Social service programs are mechanisms of change--planned change. To be most successful, they should be constructed with the concept of systems in mind. The program for retired workers will be most successful when it

involves all those who will be affected by the retirement--not just the worker. The program for supporting the health of the elderly person may operate best if it involves the supportive persons and systems in that person's life.

In fact, the concept of systems is useful because it dramatically highlights these twin beliefs: first, that social services affect more than just the "client," and second that to maximize the affect of a social service on the client, it might be necessary to involve significant other people from his or her social systems, especially from the family.

The Developmental Approach

The second major view that we have of human life is that it is developmental. That is, we tend to see each stage of life in reference to what came before it and what will probably follow it. We take this view when we observe an individual's life and also when we look at families. Families have developmental histories the same as individuals do (Hill & Rodgers, 1964; Rodgers, 1973).

In the developmental approach, each stage of life is assumed to bring with it certain jobs or tasks that the individual or family must accomplish. Students of human development sometimes note that these "developmental tasks" have to be handled at one stage of life if we are to move on successfully to the next stage (Duvall, 1977; Havighurst, 1972). A "developmental task" for an adolescent, for example, might be to establish a level of responsibility for his own behavior which will allow him to be self-directed as an adult.

Our view is that social services for any age or stage of life--for children, adolescents, young adults, or older adults--have to be constructed

with the developmental stages and the developmental tasks of individuals and families in mind if they are to have maximum effect. We believe that it is especially important to understand where families have been and where they are going, developmentally speaking, as well as to know their current needs, if we are to build social services for them.

Although the focus of this manual is primarily on the elderly, we will be especially sensitive to the stage which immediately precedes old age because of the usefulness of this developmental approach. Therefore, before turning to our discussion of old age in Section IV, we will be exploring the nature of middle age in Section III. Despite receiving relatively little attention in the past, middle age is now recognized by the scientific world for its developmental importance. Middle-aged people are of vital importance in the lives of the elderly. The involvement of the elderly with middle-aged people--especially with their own offspring--leads us to emphasize the importance that the understanding of middle age has for those who work with the elderly. Programs for the elderly might, in part, succeed or fail because of the assumptions that are made concerning the needs and interests of the middle-aged people who are close to the elderly clients.

The importance of middle age is further emphasized as many studies point to the fact that preparations made in middle age can strongly affect the chances for achieving a satisfying old age. It is not our intention to view any period of life as simply a preparatory stage for the next period, but it would be foolish to ignore the evidence that old age needs the kind of preparation that can mostly be made while people are in their 40's and 50's.

In the following section we will review the major developmental tasks of middle age. Next, we will discuss the major social-psychological tasks of old age (Section IV). And finally, from these two developmental reviews, we will extract the major implications the research holds for those responsible for delivering human services to the rural elderly (Section V).

SECTION III:

BEING MIDDLE-AGED IN AMERICA

If our understanding of growing old is to begin with a view of life at middle age, we should agree on what we mean by "middle age." It is not a precise term. Many Americans react emotionally to the term "middle age." Some avoid it as long as possible--preferring to refer to themselves as "young." Others accept the idea of being middle-aged and cling to that designation while other people are thinking of them as "old."

Professionals, including researchers, disagree about when middle age begins and when it ends. Some use chronological definitions. The United States Census Bureau has utilized the years 45-64 as a handy definition of middle age. Other definitions start with 35 or even 30, and extend as far as 70. Another way to define middle age is developmentally. A common practice is to refer to families as middle-aged if the children have grown and left the home but the parents have not retired; typically in America this period begins when the mother is in her late 40's and the father in his early 50's.

It becomes apparent that no definition of middle age--chronological or developmental--is completely satisfactory. Individuals differ so much that some seem "old" at 50 and others are "young" at 70. And, of course, some families do not have children, or they have them in the home for a time period that overlaps the retirement of the parents.

As for our own use of the term "middle age," we will be reporting research that describes people from about 35 to 64, with life in the 40's and 50's being most typical of our descriptions of middle age.

In 1975 there were about 34,655,000 Americans ages 35-49, and another 31,746,000 ages 50-64. One estimate is that the 35-49 group will increase by 76 percent by the year 2000, and the 50-64 group by 23 percent; meanwhile, increases of eight or nine percent will typify the teenagers and young adults (Duvall, 1977, based on Bureau of Census data and estimates by U.S. News and World Report). It is worth while to try to understand these middle-aged Americans if only because there are so many of them and they are expected to become an increasing proportion of the population.

The Developmental Tasks of Middle Age

In this section we are going to examine some of the major issues, problems, and crises in the lives of middle-aged Americans and to make some guesses as to how these are resolved in middle age and how those resolutions affect life in old age. Our review is not built on research conducted in rural areas because the amount of such research available is too limited. We believe, however, that the major developmental tasks of middle-age are very similar for both rural and urban residents. What differs, perhaps, are how rural and urban cultures tell us to feel about these tasks and also what alternatives the differing environments provide for dealing with the tasks.

Most middle-aged families must perform specific developmental tasks if they are to move successfully into old age. Although the experts differ about some of the specifics, many observers of the family recognize the

following developmental tasks for the middle years as outlined by one of the inventors or that concept, Evelyn M. Duvall (1977):

- Providing for comfortable, healthful well-being. This means a family focus on exercise, diet and medical check-ups, but it also means rearranging the home to reflect the interests of the middle-aged couple.

- Allocating resources for present and future needs. Employment, financial security, and retirement plans need reevaluation.

- Developing patterns of complementarity and undertaking appropriate social roles. Husband and wife roles can change and be rebalanced in middle age allowing for the growth of each partner and for the pursuit of new family goals.

- Assuring marital satisfaction. Middle age seems to be a time when marriages can be revitalized or can become arenas of passivity and hostility.

- Enlarging the family circle. The crucial task in this instance involves building new relationships with aging parents, adult children, and with the middle-aged couple's new grandchildren. The home need not be viewed as an empty nest.

- Participating in life beyond the home. Energies that previously were needed for the rearing of children may now be directed toward participation in the community.

- Affirming life's central values. "Nothing can bring greater satisfaction than finding that, viewed from a mature vantage point, life all adds up; and that together the two know who they are and where they are headed in the business of living" (Duvall, 1977).

Other developmental tasks of middle age are pursuing job interests, cultivating satisfying leisure time activities, encouraging adult sons and daughters to be autonomous, and accepting and adjusting to the physiological changes of the period (Duvall, 1977).

Some experts view middle age not so much in terms of developmental tasks as in terms of the major themes or challenges of that period of life, such as the challenge to become creative in the sense of helping younger generations create a new world. Others describe the middle years as a time for

acceptance, for confronting the fact that we have to live with what we have; it is a time to realize that friends and old values are more important and money less important, and a time for couples to turn to each other for comfort (Levinson, 1978).

A recurring theme in the books and articles about middle age is that it is a time for taking stock. Doubts and questions about life (e.g., What is it all about?; Why am I here?; Am I doing anything worthwhile?) seem to occur to many middle-aged people, sometimes for the first time since they were adolescents. This reexamination of goals and values, when it exists, may be encouraged by the middle-aged person's increased awareness of aging and of the possibilities of illness and even death. Increased concern with death and with health epitomize the mid-life outlooks of many Americans. Such concerns can lead to various outcomes that will be important in old age. Sometimes they lead to dramatic changes in life style, perhaps a change of job, and they may also lead to increased self-understanding and self-acceptance. Many writers encourage middle-aged people to use this period for reintegrating values and commitments (Chew, 1976; Fried, 1976; Johnson, 1971).

Some researchers emphasize sex differences in these matters. Women reportedly experience more depression in middle age, perhaps because the culture has so emphasized the importance of youth for them (Lowenthal, Thurner & Chiriboga, 1975; Prock, 1975). Men are more apt to be pictured as feeling trapped by middle-age--caught between the needs of their offspring and of their own aging parents, or between the demands of the job and of the home (Kerckhoff, 1976). The loss of roles and status during middle age has

traditionally been worse for women than for men when children grow up and leave the home, and although current research fails to support the view of severe trauma accompanying the "empty nest," it is probably true that middle age is more stressful for women.

Encouraging Aspects of the Research on Middle Age

The research on middle age is encouraging in many ways. In the past, many people have assumed that the middle-aged person was in many respects "over the hill." Intelligence, productivity, and sexual powers were among the attributes that have been assumed to become diminished with age.

The recent research, however, suggests that over-all intelligence holds up well throughout the middle years. Certain kinds of intelligence probably are not as evident as they were in younger stages of life, but other kinds, particularly those more related to experience, actually increase. Similarly, while mid-life people may be less "creative" than young people, they show up in various research as more "productive." Generally speaking, then, the personality of the middle-aged person probably is not radically different from that demonstrated in early years, and aptitudes are not radically diminished (Troll, 1975).

Researchers have been especially encouraging in the matter of sexuality, and there is now widespread agreement that individuals can enjoy sexual relations throughout their lives. Cultural stereotypes such as the idea that sexual relations are inappropriate for older persons interfere with sexual lives more than do physiological aspects of aging.

There are changes in human beings sexually as well as in other respects as we go through middle age, of course. For many women, the menopause is a

dramatic change, although there is apparently very little consistent effect of the menopause on sexual response. Women generally reach their peak of sexual responsiveness in their 30's or 40's and then decline at a slower rate than do men. Later, perhaps not until their late 60's, they may experience such changes as shorter and less intense orgasms and less desire for sex (Kaplan, 1974).

Men seem more affected sexually by aging than are women. Men reach their sexual responsiveness peak around age 18, with a slow and steady decline from that point. By the age of 50 there are noticeable changes in the male sexual response related to biological aging. These changes include the need for longer and more intense stimulation to achieve erection, increased time between ejaculation and the next time the male can achieve an erection (refractory period), and a decreased desire for sex. In both sexes, however, there are large individual variations due to attitudes toward sex, physical health, availability of partners, frequency of sex, and marital satisfaction (Kaplan, 1974; Masters & Johnson, 1966).

When people do not understand the changes that are taking place in them sexually, they often react in disruptive ways. Males may react to their general decrease in desire and rapidity and strength of response by seeking increased stimulation through extramarital affairs, avoidance of sex, or by becoming impotent due to anxiety about their sexuality. Women, in turn, may interpret the changes in the male sexual response as rejection, and may react by avoiding sex or by extramarital affairs which are attempts to reassure themselves of their attractiveness. Therefore, education about sexuality and aging is highly important for the middle-aged population and

can lead to increased sexual pleasure in middle and old age. In many instances, the children have left home and the middle-aged couple are more focused on their marriage; this seems an excellent time for increasing marital satisfaction through increasing sexual satisfaction. Further, in some ways, middle-aged people are more sexually compatible than they will be at any other time in life. Their sexual responses--his decreasing, hers having increased--may be more similar; his increased time needed for ejaculation may be more to her liking and is often accompanied by increased focus on general sensuality rather than just orgasmic release. If the woman understands the man's need for more stimulation, she may cooperate and thus increase the sexual pleasure of both of them. Both males and females may be less inhibited sexually, and women, especially, may be more willing to indicate what they desire in terms of sexual stimulation. With proper education, therefore, there is a great promise for increased sexual pleasure in middle and old age.

Family Life at Middle Age

If we define the middle-aged family as one in which the children have left home (or perhaps are beginning to be less and less in the home), we can see why the middle-aged couple might begin putting more emphasis on their marriage. Many do. Evelyn Duvall (1977) has noted that, "An important task of the middle years is finding each other as husband and wife again."

The average American couple today has about 16 to 18 years together after the children leave and before the death of one spouse. Sociologists regard this as a very important change in family life because the average 19th century couple had no life together after the children left, since that

departure came after the death of one of the marital partners. As the parents are usually in their late 40's or early 50's when the last child leaves home, here is a chance for finding each other as husband and wife (Duvall, 1977; Nye & Berardo, 1973).

For some couples, of course, the result is not a happy one. They report that they do not want so much time alone together, even though some of them had been saying for years that they looked forward to such an opportunity. However, most studies find that the postparental years bring less crisis and more relaxed enjoyment of marriage--more companionship and more opportunity to indulge in enjoyable pursuits together (Deutscher, 1964). Some sociologists believe that this satisfaction with the postparental years has become greater as women have become more able to view their role in life as something in addition to being mothers.

People do get divorced in this mid-life period--although not as many of them in their 40's and 50's as divorced in their 30's. In general, they report that their marriages are better than they were when the children were at home but not as good as when they were first married. More prevalent than an actual breakdown of the marriage is a reported wearing-down of the relationship. Some observers of middle-aged marriages even wonder if the reportedly comfortable and contented couples are not actually living a kind of "devitalized" or "passive-congenial" relationship where they take each other for granted and turn to other aspects of life for their significant interests. These marital partners, the argument continues, may be settling for too little because they no longer expect much out of each other or out of the marriage (Troll, 1971; Cuber & Harroff, 1965).

There also is evidence that people who take their marriages too much for granted and do not work at keeping the relationship alive and interesting may be making a poor preparation for old age. Most adults need the security, intimacy and support one expects from the family group, and for many Americans that group more and more becomes the marital couple. Marriage enrichment programs have been focused especially on those middle-aged marriages which are not "bad" marriages but which need some enrichment to be better (Otto, 1976).

The emphasis on the marital couple is not meant to diminish the importance of other family relationships the middle-aged person has. The middle-aged parent continues to be a parent even after the children leave home. Current sociological research emphasizes the important patterns of visitation and aid that continue to exist. Most economic aid is one-way at first, with the middle-aged couple tending to provide partial support for the young person or newly married young couple. But the patterns of interaction are strong and are obviously important in the lives of both generations (Sussman, 1965).

Middle-Aged Individuals and Their Elderly Parents

For our present purposes, it is even more important to recognize that studies find strong patterns of relationship between the middle-aged person and his elderly parents. There is now a good deal of evidence that middle-aged persons do not abandon their elderly parents, but rather maintain contact with them in many ways (Blenkner, 1965; Hill, 1965; Troll, 1971). The amount and type of contact depends partly on how close they live to each other and on the sex of the middle-aged child. Contacts are more frequent between middle-aged women and their parents, and indeed, the middle-aged

woman may be responsible for maintaining contacts with her husband's parents as well. Oddly enough, the studies seem to show that the amount of contact between the generations does not depend on how warmly the middle-aged person feels about his parents, but is more related to other factors such as which of the various middle-aged brothers or sisters lives closest or is simply expected by the whole family to take care of the elderly parents.

The relationship of the two generations consists of telephone calls, letters, regularized visits such as shopping trips and weekly meals together, and less frequent occurences such as family ceremonies and crises. Researchers indicate that these contacts can be seen as both fulfilling the needs of the elderly by providing goods and services and emotional gratification, and in fulfilling the emotional needs of the middle-aged offspring. The help that is provided includes advice, decision making, financial aid, gifts, personal services such as physical care of the sick, transportation and household maintenance.

In viewing the changes that often take place in the relationship of the middle-aged and their elderly parents, we can focus on how the middle-aged are now taking care of their more dependent parents, as they were themselves taken care of when they were children. A more positive view of the situation, however, is to recognize the reciprocal nature of the relationship between the generations and to see them as two adult generations. The term "filial maturity" has been used to describe the type of adult-to-adult relationship that might be developed between middle-aged persons and their parents, one which is based on mutual respect and mutual helping, rather than a one-way dependency of the older parents on their children (Blenkner, 1965).

It is the assumption of this manual that community leaders who consider the above material about middle-aged people will be in a better position to plan for the elderly. For one thing, they will be better able to solve problems of the elderly without creating new problems for the middle-aged generation.

Making a Living in Middle Age

Middle age brings changes and challenges on the job as well as in the family. Although, on the average, older people say they are more satisfied with their jobs than younger people, there is a significant amount of job discontent among the middle-aged. For some, work no longer provides the reward--either financial or psychological--that they expect (Davitz & Davitz, 1976; Troll, 1975). What goes wrong with work in mid-life?

Partly it is the simple matter of not enough money. The world we live in keeps suggesting new ways for people to spend their money and most incomes just can't keep up. For the middle-aged person, however, there might be more to it: people in their 50's often complain of being caught in the middle, financially speaking. They not only feel that they, as the society's main producers of wealth, have an especially heavy burden of taxes and debts, but they also feel caught between the demands of their children and the needs of their elderly parents. Despite the expectation that many of them took on in the early years of their occupations, wages do not keep going up in the later years of work, and promotions do not keep coming.

Sensible preparation for old age requires financial planning by the middle-aged person. The rural elderly frequently have low retirement incomes and poor chances for re-employment after retirement. Many, in fact,

live on incomes which can be classified as below the poverty level, although there is a tendency to deny that one is poor and to resist help. That means that preparation for later financial security must begin while the rural worker is still earning an income.

Authorities agree that preparation for retirement also must begin in middle age. It is for many people one of the developmental tasks of middle age. It is also believed that this preparation is a family affair, one which affects and is facilitated by every member of the family, not just the wage-earner. As the economy has become more complex it has become increasingly necessary that the preparations for retirement begin early and include expert help on such difficult matters as taxes, pensions, and medical plans, as well as guidance on the use of leisure and the impact of retirement on family relationships (Huyck, 1974). Learning to use leisure, for example, especially by a person who has worked hard for a lifetime, is thought by some experts to be more important to a successful retirement than many of the financial factors which are so obviously involved in retirement. Some people find it easier to move from a period of full-time employment into a period of complete retirement if there is an intervening period of part-time employment, but such opportunities are difficult to find. This is one of the many areas where society might make preparation for retirement easier.

Maintaining an adequate income and planning for retirement are not just problems for male workers. The proportion of the adult female population participating in the labor force more than doubled between 1900 and 1969 and has continued to rise since then. Lillian Troll (1975) says that in the working world, "the most spectacular development in recent years has

been the rise in employment of women over age 30, mostly wives and mothers." Now we have more women in their 40's working than younger women. In still another way, then, income maintenance and planning for retirement are family affairs.

But work is more than income maintenance. Work has all kinds of psychological meanings that are important. People work because of psychological income as well as for money. Studies have noted that 75 percent of men say they would go on working even if they didn't have to (Troll, 1975). Work provides self-esteem and is tied to status, feelings of value, and to feelings of manhood. Studies indicate that although these feelings are fairly universal among Americans, some of the more psychological values of work may be even more important to rural workers than to urban workers. It is easy to understand, then, why the middle-aged person may fear loss of the job for reasons in addition to purely financial ones (Veroff & Feld, 1970).

Middle-aged managers are depicted in studies as often feeling a "career discontent," and many express the wish that they had gone into other lines of work. Reaching a plateau, workers often feel in middle age that younger workers are passing them by. They may be unhappy about the increased demands that a changing technology puts upon them at any age when they feel like slowing down. Many middle-aged business and professional workers complain that they have spent a lifetime pursuing "success" only to find that either they fell short or that when they achieved it it was worthless. The need for career counseling among the middle-aged seems obvious (Sheehy, 1976).

Some discontented workers--probably more now than in earlier days--solve their problem by changing jobs. Although not a mass movement, the growth of mid-life career changes is an interesting and important trend to

watch (Toffler, 1970; Chew, 1976). Two social aids seem necessary if this is to be a successful method of dealing with the occupational problems of middle age: people in our society will have to be socialized to regard career change as a normal event--that is, we will have to grow up assuming that we might change jobs late in life; and social agencies will have to provide help to the individual who is attempting this kind of change. Some kinds of needed help are career counseling, employment searches, adult education and retraining.

Research into the job situation of middle-aged workers is not all gloomy, however. Some experts find middle-aged workers more relaxed on their jobs, more sure of themselves, and better able to pace themselves. The middle-aged worker may know what he or she wants and be less distracted by what one writer (Gould, 1975) calls the glamour and the glitter of power. One researcher found middle-aged respondents felt more "in command" and less "driven" by their jobs; they reported that they knew how to handle their jobs, how to delegate authority, and how to make decisions. And they felt that their maturity and experience gave them a tremendous advantage over younger people (Neugarten, 1968).

SECTION IV:

GROWING OLD IN RURAL AMERICA

Recent predictions estimate that by the year 2025 the aged population in the United States will consist of approximately 42.5 million persons (Shanas & Hauser, 1974). As our elderly population increases, the need for effective community planning can also be expected to escalate. Although this section and nearly all of the sociological research on old age deals with issues which tend to reflect the negative aspects of aging, in reality, the lives of many of our senior citizens suggest that growing old does not have to be as hopeless and unfulfilling as is commonly believed. There are positive sides to aging. Aging can mean increased opportunities to spend time in leisure activities, travel, hobbies and other interests or for some continued participation in the roles and responsibilities that have dominated their earlier lives. Nonetheless, we must keep in mind that certain circumstances of old age are related to major changes in the social roles and personal needs of the individual. The adaptation to these changes that individuals are able to make plays a major part in determining the quality of the later years.

The developmental changes reviewed in this section are considered normative in the sense that many older Americans are confronted by them and are considered important in that many have defined them as the major developmental tasks facing the elderly. On the other hand, we must be cautious about such generalizations. Given the greater longevity of

people today, the aging life span now incorporates a 30-or 40-year period span which is not devoid of growth. There will be much variability within elderly people and therefore the tasks reviewed below will not apply equally to all people over 65 years of age.

Finally, unlike Section III which did not have research specifically on rural residents on which to build, a critical body of research on the rural elderly does exist. Certainly it does not begin to match the large amount of research which exists on the urban elderly, but it does begin to sketch a portrait of what it is like to grow old in the small towns and rural communities of the United States (Atchley & Byerts, 1975). Perhaps more importantly, it provides a basis from which we can examine some popularly held beliefs about the rural elderly to determine if there is reason to continue these assumptions. Therefore, where appropriate research on the rural elderly has been found, it has been used to support and illustrate points in this review.

The magnitude of the issues related to the rural elderly needs to be placed in perspective. The 1970 Census indicated that there were nearly 9,000,000 elderly Americans living in small towns and rural communities of 10,000 or less or nearly 40 percent of our aged population. Since that Census, demographers have been able to track a small, but nonetheless significant, shift in the residency of the elderly towards small towns and rural communities (Beale, 1975; Brown, 1977; Wang & Beegle, Note 1). Therefore, today the number of rural elderly would be significantly greater. Of the 9,000,000 rural elderly in 1970, nearly 60 percent lived in towns of 2,500 or less or on farms. The household compositions of these elderly were as follows: 54 percent lived alone, 34 percent lived with their spouse,

about 4 percent lived with a nonrelative, and only 9 percent lived with other relatives or children (U.S. Bureau of the Census, 1973).

Changes in Roles

Retirement is one major role change which is of special concern to the elderly male. In both rural and urban areas, less than 25 percent of the men over 65 continue to work (White House Conference on Aging, 1971). Because of the value placed upon work by many older men, the loss of the role of worker results in a perceived decline in status (Youmans, 1963). Many elderly men believe that people lose respect for a person who has retired and does not do any work, and this attitude seems to be more prevalent in rural than in urban areas and especially among men who are over 75 years of age (Youmans, 1963).

In addition, work often provides a sense of stability. That is, work serves to establish people in the community through routine, day-to-day action which is most often accompanied by relatively constant means and goals.

Retirement brings with it a change in the familiar roles. The loss of a major role may represent a tangible and stark indication of the end of the central tasks of adult life. It is not surprising, then, that feelings of aimlessness and meaninglessness may accompany a dramatic role change.

Widowhood is another major role change which is faced by many elderly persons. For the widower, retirement is the "double-whammy" and for the retiree, widowhood is the "double-whammy." In either case, the major roles of spouse and worker have been lost and often there is little left to fill the void.

In the general population, there are approximately two and a half times more widows than widowers (Atchley, 1972). Even though there is a greater ratio of elderly couples in rural than in urban areas, still nearly 40 percent of the rural elderly over age 65 are widowed (U.S. Bureau of the Census, 1973). The loss of a spouse often removes the strongest source of personal and emotional support from the elderly person who survives (Havinghurst, 1976).

The loss of a spouse is often accompanied by serious disruption in the lives of elderly persons. In both rural and urban areas, contact with children and relatives and participation in formal and religious organizations decreases substantially for males following the spouse's death. In general, widowers report fewer friends than widows (Berardo, 1967). Furthermore, the friendship patterns of widows tend not to change, but for widowers active participation in friendships decreases with the length of widowhood (Pihlblad & Adams, 1972). It has been observed that, compared with married elderly persons, widows were twice as likely and widowers were four times as likely to be isolated from friends, family, and outside contacts in general (Berardo, 1967).

Some have suggested that the single most important factor in the adjustment of women to widowhood is the availability of additional roles for them to perform (Atchley, 1972). The transition into new roles seems to restore a sense of structure and meaning to life. Unlike urban areas where there may exist many alternative roles which elderly persons may adopt (e.g., volunteer work, senior center member, shopper, neighbor), the rural elderly are much more apt to be confined to an area which physically isolates them

from their friends and neighbors and provides fewer outlets for the replacement of lost roles.

This situation is true of many small towns as well as open country. These areas tend to lack public transportation, and even though a town may be small in comparison with a metropolitan area, the walk downtown or to a friend's home across town may seem like an insurmountable obstacle to an elderly person. There is also a conspicuous absence of shops, volunteer agencies, and senior centers in small towns, and the lack of these facilities decreases the availability of outside activities for the elderly and consequently decreases the opportunities for the replacement of lost roles.

Physical and Mental Health

Declines in physical health may result in a further reduction in the ability of the elderly to actively continue in former roles. Research has shown that nearly three-fourths of the elderly who report a health ailment have had to reduce their activities because of their health (Youmans, 1963).

Rural-urban comparisons indicate that role impairments among elderly men appear to occur at an earlier age in rural areas (Youmans, 1963). It would be a mistake, however, to conclude from this that old age occurs earlier in rural than in urban areas. Rather, it should be kept in mind that traditionally the rural environment and rural employment has placed greater physical demands on its residents. With normal physical decline taken into consideration, along with the resulting inability to perform physical tasks as well as in the past, the rural male may notice his weakening physical capabilities at an earlier age than does his urban counterpart.

A number of studies have reported a strong positive relationship between an individual's perceived good health and his or her life satisfaction and adjustment in old age. In contrast, poor health in old age has been associated with isolation and decreased participation in such social activities as visiting friends and family (Ellison, 1965; Hochschild, 1975; Managon, 1974). Poor health may also prevent the older person from engaging in activities which healthier people their age enjoy alone--such as gardening, taking walks or doing odd jobs.

The nutrition of the elderly is a specific health-related concern which is compounded by other problems of old age. Some have suggested that our elderly population is probably the most malnourished group in American society (Manney, 1975). The effects of reduced incomes, poor health, isolation, and lack of mobility make nutrition especially crucial in rural areas, and old people who are experiencing these problems will be less likely to have well-balanced, nutritious diets. Poor health combined with the lack of transportation make it difficult for many older persons to get to a grocery store, health clinic, or almost anywhere. Aside from the absence of low-cost public transportation, rural areas are also burdened by poor road conditions which often means that roads are closed for extended periods of time during bad weather. These circumstances will contribute in direct and indirect ways to the poor nutrition of many rural elderly.

Nutrition appears to be a rather sensitive area with the elderly. They prefer to fix their own meals and often are reluctant to change their eating habits, even when special dietary needs require attention. This sensitivity and reluctance to change can in part be attributed to a desire to maintain their independence and to continue for as long as possible to perform many

of their traditional roles and functions. But this reluctance may also reflect the social emphasis our society places on eating--few like eating alone! This social expectation makes it extremely difficult for isolated elderly persons to face eating alone and, consequently, they often simply lose interest in eating and cooking.

Our society's emphasis on socializing with others makes the old person who is relatively isolated even more acutely aware of his situation. Depression, by far the most common psychological problem of old age, is usually caused by loneliness, loss of family and friends, and a sense of diminished physical well-being (Clark & Gosnell, 1977). The suicide rate among the elderly is disturbingly high with one-fourth of all the suicides in our country commited by people over 65 years of age. While for American women the age curve for suicide rates is relatively flat, for males there is a steady increase in suicide rates with age (Riley & Foner, 1968). Others have speculated that many of the fatal accidents which commonly occur to old people may indeed by suicides in disguise (Clark & Gosnell, 1977).

Depression is only one of the psychological disorders which may accompany the aging process. Often the anxiety which results from trying to cope with growing old is vented through hypochondria (i.e., an exaggerated preoccupation with the body's physical condition).[1] The elderly commonly use hypochondria to elicit sympathy and attention--it is a cry for help! Today, many psychiatrists believe that hypochondria in the elderly can be successfully treated through relatively short-term intervention (Manney 1975). Similarly,

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[1]It should be cautioned, however, that the health complaints of the aged should always be thoroughly investigated for possible physical causes before hypochondria is assumed.

pent-up anxiety may cause disturbances in sleeping patterns. It should be kept in mind, however, that most of the sleep disturbances of the elderly, which are among the most common complaints, do have a physiological basis which makes sleep more difficult. In many cases an explanation of the normal changes in sleep patterns which accompany old age can help relieve the concerns over problems of this nature.

Paranoid reactions, frequently involving delusions of persecution, may occur in old age. The frequency of these reactions is more understandable when you consider the situations of many elderly people. Suspicion in old age can be exaggerated because of other characteristics which are common to the elderly, such as increased anxiety, insecurity, isolation, and sensory losses in vision or hearing. Although many paranoid reactions in old age do not seriously hamper the individual's functioning, in some cases they can be quite serious.

Many old people are reluctant to seek out mental health assistance of any kind. They often consider mental and emotional disturbances as shameful, and they commonly regard physical and mental problems as a normal part of growing old. For those rural elderly persons who do try to seek professional help, there are additional barriers. In rural areas there are fewer physicians, psychologists, therapists or any other mental health practitioners. Where mental health care facilities do exist, they are widely spread and therefore transportation is a critical problem.

The entire issue of mental health in aging is a complex and multifaceted issue. The brief attention which is given to the issue above is not meant to reduce this difficult problem to a simplistic solution. Rather, the point we

wish to make is that some elderly individuals do experience severe mental stress as they attempt to cope with the aging process. Further, we wish to emphasize that the rural elderly may be reluctant to seek help for such stress and if they do seek help the services available to them may be limited.

Issues of Income and Housing

In many cases the income of the rural elderly is also deficient. The Bureau of Labor Statistics has set the "official" poverty level at $3,010.00 per year for elderly couples and $2,000 per year for single individuals. Yet, this figure includes no margin for those extra expenses which are so often incurred by the elderly, such as special dietary needs or additional medical care. The 1970 Census indicated that the annual median incomes for rural farm and rural non-farm elderly men was approximately $2,514 and $2,205 respectively (only sightly above poverty levels). For urban men aged 65 and over, the annual median income was $3,188. For elderly rural farm and non-farm women the respective figures were $887 and $1,104, while for elderly urban women the annual median income was $1,562. The income of those persons over 75 is by far the lowest. Some experts estimate that over 60 percent of the general elderly population is considered "poor" by income standards (Shanas, Townsend, Nedderburn, Frits, Milhj & Stehorwer, 1968).

The low income of many elderly persons results in critical deficiencies in their lifestyle, especially with regard to food and medical care. One researcher estimates that nearly 25 percent of the income of an elderly person will go for food--yet this only amounts to between $40-$50 per month when based on an approximated household income of $2,500 per year (Goldstein, 1966). It is estimated that another 10 percent of the total income, or about

$250 per year, is used for medical care. About 25 percent of the remaining is spent on housing and household operation and another 9 to 18 percent on transportation. This leaves only about $550 to $775 per year for all other expenses, including clothing, personal care, recreation, reading materials, education and furnishings.

The White House Conference on Aging in 1971 estimated that 15 percent of the substandard housing units in the United States were occupied by the rural elderly, and that 90 percent of these occupants had incomes below the poverty level. In one study 29 percent of the homes of the rural elderly were observed to be in good condition, 59 percent in poor condition, and 12 percent in dilapidated condition (Youmans, 1963). Although the majority of the rural elderly own their own homes, many of these homes lack conveniences which are critical to aged persons. In some rural areas it has been observed that as many as one-third of these homes have no running water, more than half have no hot water, and half have no indoor toilets (U.S. Senate, 1971).

Despite the inadequate income and housing conditions experienced by many rural elderly, in general they report a great deal of satisfaction with their life situation--an apparent discrepancy between objective definitions of need and the rural elderly's perceived needs (Auerbach, 1975). For example, although most old people are considered poor relative to their younger neighbors, especially in rural areas, 91 percent consider their incomes to be adequate and only 25 percent admit to having any trouble making ends meet. Furthermore, even though over 70 percent of the housing of the rural elderly is in poor or dilapidated condition and many lack the convenience of hot or running water and indoor toilets, 89 percent of the rural

aged state that they are satisfied with their housing. Similarly, although over 80 percent of the rural elderly retire for health reasons, while only 40 percent of urban elderly men retire because of their health, self-reports of general health conditions reveal that overall the rural elderly consider themselves to be in much better health than the urban elderly. Finally, when asked what they really needed, including more money, better health, better housing and transportation, 85 percent of the rural elderly in one sample stated that they needed nothing!

Some have argued that the rural elderly express a great deal of satisfaction with their life situation in part because of their strong sense of pride and independence. It is argued that the rural elderly will tend to complain less than their urban cohorts about all of life tragedies. Those rural people who are old today grew up in a time when self-reliance was a fact of life. The elderly today were mature adults during the Great Depression--a time when nearly everyone was poor, yet people did their best with what they had. Perhaps this sense of independence and self-reliance is embedded in the character of today's elderly and has produced an aged population of uncomplaining, stoic individuals. This "rural ethic," some suggest, often results in the rejection by the rural elderly of public aid and services which they objectively need and to which they are legally entitled (Auerbach, 1975).

Perceptions of Life

The income and living conditions, however, coupled with the perceived loss of power, status, and respect which often accompanies old age, can serve to lower the self-concept of many elderly persons. In many ways the aged in

our society are accorded little prestige. In rural areas many of the aged consider old age to be the period of life when the least amount of respect is received. They also view old age as the period of least influence. At the same time, younger people, in both rural and urban areas, perceive the aged as possessing many negative characteristics (Youmans, 1971).

This perceived loss in status, as well as the role loss which accompanies old age, may further add to the feelings of meaninglessness and uselessness which are experienced by many elderly people. The simple and unavoidable fact of advanced age does not preclude self-determination. Generally speaking, elderly persons want the responsibility of caring for their own needs (Blonsky, 1973). Research has repeatedly shown that when this responsibility is taken away and the elderly person lives with and is cared for by others, he or she becomes more socially isolated than those elderly who live alone (Managon, 1974).

Negative attitudes toward dependency and the strong positive value placed on independence may combine to make the elderly dependent person miserable. It has been suggested that the number one cause of low morale in the elderly is perceived dependency, either physical or financial (Clark & Anderson, 1967). In many instances, older people first lose financial independence, then independence of movement, and lastly independence of household. This increasing loss of independence most often is perceived by elderly persons as degrading and is likely to put great strain on their relationships with those around them. To avoid revealing their helplessness and dependency, they may isolate themselves. Unfortunately, for many this is a constantly downward spiral. Findings have indicated that social isolation

can have a very negative affect on the aged and may reduce still further the feelings of independence (Bennett, 1973).

Other research has shown that group activities seem to be the least appealing form of social life for elderly people. Yet for many rural elderly their major community activity is church related, a pattern which is true for old people in general. Overall, however, the aged tend to prefer fewer formal and group relationships and would rather concentrate on more personal and individual relationships (Brown, 1974). Close non-kin relationships are especially meaningful for those elderly who are to some degree estranged from their families (Stromberg, 1967).

The existence of a confidant, that is, a person who is considered to be a very close and intimate friend, can help the elderly person overcome the effects of major role losses (Powers, Keith & Goudy, 1975). The existence of a confidant apparently boosts the morale of the aged person and decreases feelings of alienation and loneliness. Confidants are generally of the same sex and age and are not relatives (Bultena, Powers, Falkman & Frederick, 1971). It is believed that confidants help to buffer the traumatic effects of many adverse personal circumstances, except that of a major physical illness. The support of a confidant, therefore, may be critical in bringing about personal adjustment to such problems as declining health, poor housing, immobility, and inadequate income.

The Elderly and Their Families

In general, old people do not want to live with their children but do want to maintain contact with them (Rosemayr, 1968). When they are able to maintain contact, more than half of this contact is by telephone while only

one-third is actually face-to-face (Powers & Liston, 1971). Contact with children is maintained and valued regardless of the amount of other social contact the elderly person has. Those elderly with the fewest opportunities for contact with others their age are also the ones who complain the most about their relationship with their children despite how much they see them (Brown, 1974). It has been observed that feelings of neglect are produced when older people expect close relationships and that expected level of closeness does not occur (Heltsley & Powers, 1975). Considering all sources of interaction--phone, face to face, mail--one study found that 94 percent of the rural elderly had had one weekly contact with their offspring and 63 percent had had two or more child-contacts a week (Powers & Liston, 1971).

Despite popular beliefs, in one sample only 26 percent of the children of the rural elderly live in the same community as their parents (Bultena, 1969). Although most of the rural elderly have at least one child who is easily accessible, that is, in the household, in the community, in the county, or in a nearby county, the opportunities for family interaction have often been reduced because of the great outmigration from rural areas of young adults during the 1960's. In addition, some elderly rural people (about 20 percent) do not have living children whereas others (about 10 percent) have children who are also 65 years or over.

Contact with brothers and sisters is less frequent than with children, even though the vast majority of older people have living siblings. However, it is not uncommon for people to revitalize relationships with brothers and sisters in old age, since many older people seek to pick up old loyalties and renew old friendships (Clark & Anderson, 1967).

For elderly persons, their immediate family is an important resource of social interaction (Havighurst, 1976). Those persons who are old today grew up in an era when most social life was provided by the family; for many elderly their relations with their children may become increasingly important in old age as other forms of interaction diminish (Bultena, 1969).

The family also provides material support, emergency aid, and physical assistance for the elderly. The majority of the rural aged are helped in some ways by their children but less than half of them receive regular assistance from any outside source including children (Bultena, et al., 1971). Even when regular assistance is received it is mostly in the non-personal areas such as shopping and yardwork. The elderly receive very little assistance in more personal areas of need, such as climbing stairs and getting in and out of bed.

The most important role of the family for the elderly is the provision of nurturance and affection, and through the satisfaction of these needs the elderly person is better equipped to maintain a sense of personal stability. The elderly are generally unwilling to admit to less than satisfying relations with their children and they are usually unwilling to give up immediate family ties regardless of their actual feelings about these relationships (Brown, 1974). Whether the interaction is satisfactory with immediate family members, the role occupied by the elderly in that relationship serves to provide a source of structure and meaning for the aged person. It is only through the love and acceptance which many older persons receive from their families that they are able to sustain their self-respect.

SECTION V:

PLANNING COMMUNITY PROGRAMS FOR THE RURAL ELDERLY:

GUIDELINES FROM RESEARCH

In the proceeding sections we have provided a synopsis of the developmental tasks faced by middle-aged and aged men and women living in rural environments. Although not comprehensive, the sections have provided an overview which captures the flavor of what it means to grow old in small towns and rural communities across our country.

Although academic controversy will continue as to whether there are real differences between the rural and urban elderly, the practitioner is left to act on the best knowledge which is available. The need to synchronize research and practice has been repeated often; however, in reality it is still more an ideal than a norm. In the end, the practitioner can hardly wait until research settles the issues indisputably.

Does this mean that the research which is available has nothing to offer practitioners who are planning community services for the rural elderly? Does it mean that practitioners have nothing to learn from research? We think not. The research contains what we think are major implications, but they have seldom been translated into useable propositions for everyday program functioning.

In the sections which follow we present several guidelines which have been drawn from the research and which, in our opinion, warrant consideration

by planners developing and delivering services for the rural elderly. Briefly stated, these are:

- Recognize that there is great diversity in rural America, both *within* and *between* small towns and rural communities.
- Realize that the aging life span incorporates 30 or 40 years and that this span is not a static period but one of growth. Therefore, community services must reflect the changing needs of advanced aging.
- Be aware that many of the commonly held myths about the rural elderly are not supported by the results of empirical research. Practitioners must be sure that their services are based on reality and not assumption.
- Recognize the advantage of actively involving elderly representatives in the planning and delivery of community programs and be sure that community programs offer opportunities to engage in activities which the elderly define as meaningful.
- Recognize the advantages of strengthening horizontal rural community ties by supporting already established and naturally occuring helping systems.
- Lastly, understand that including in the delivery process those who are significant others in the lives of the aged may increase the impact of the intervention program and provide a more efficient system for delivering rural services.

Programming for the rural elderly is already a major concern, and, unless there is a reversal in the present migrational pattern to nonmetropolitan areas, this concern will continue. In the sections below, we take the guidelines we have extracted from the research and illustrate their relationships to community programming.

Diversity in Rural Communities

In our zeal to characterize environmental similarities, we have all too often made the mistake of overgeneralizing the concept of rurality, and in the process have obliterated the diversity which exists in rural environments. To dichotomize rural and urban environments leads to generalizations

that overlook the variation which exists in both types of communities. It may sound simple to say, but not all big cities are alike; nor are all small towns alike. Consequently, rural communities share many similarities, yet they are also different in many ways.

Practitioners and researchers have defined rural in both quantitative and qualitative terms. Yet, as Robert Atchley (1975) has pointed out:

> Both types of definitions are concerned with a sensible, [but] arbitrary point at which the social organization of a given space begins to be rural. Quantitative definitions emphasize that the smaller the scale of life, the more likely it is that an area will exhibit symptoms of rurality--life in the open country....Qualitative definitions of rural are generally tied to a set of ideals as to what rural places ought to be like (p. 2).

Atchley (1975) further argues that the variations in the definition of rural are concerned with the boundaries of the categories, not their existence. He says "certainly there are rural people in the United States and there are aged people, but any operational definitions of these concepts will necessarily be arbitrary (p. 1)."

The practitioner must avoid building programs on a set of generalizations about the rural elderly which may or may not be true for that particular locality. Certainly there are distinct implications for community programming which evolve from the peculiarities of the rural setting. However, we must avoid oversimplification. In a particular setting there may be factors other than rurality which should be given greater consideration when deciding how a program is structured and conducted; e.g., the income, physical disability, availability of support systems and marital status of the prospective clientele.

The recent migrational pattern of families into nonmetropolitan areas only serves to compound the problems of defining rurality. If indeed small

towns and rural communities were ever homogeneous, they certainly aren't today!

Perhaps more importantly, those who migrate from metropolitan to nonmetropolitan communities may bring with them a set of expectations for community services which are significantly different from those held by life-long residents. Rural communities may be entirely different environments as a function of whether or not the elderly residing in them are predominantly life-long local residents or outside retirees. Their basic needs may be similar, but their expectations for services and preferences for delivery strategies may vary widely.

One researcher has suggested that we need to consider the environmental history of residents when defining both rural and elderly (Adams, 1975). He pointedly illustrates that the lifetime resident of the big city, who has maintained a lifestyle and value system commensurate with a position of wealth, social class and power, but who suddenly at age 65 abandons the city to retire in the quiet countryside of the Ozark foothills (a pattern which research (Oliver, 1971) demonstrates may not be as unusual as it may at first seem) differs in significant ways from the successful 75 year old grocery store owner who has spent a lifetime in the region and who still works 10 hours a day, six days a week. While the store owner is rural, he is not aged in many ways--and his younger counterpart, while aged, is not rural in either values or lifestyle!

As the migrational pattern toward nonmetropolitan communities has increased the possibility of diversity within any one small town, as illustrated above, the pattern has also added to the diversity which exists between small

towns. Once again we need to be careful not to overgeneralize because of what seems to be similar environmental settings. The small towns in the Virginia countryside, where wealthy Washington businessmen retire, reflect a distinctly different milieu than do the small towns in Idaho which are inhabited mainly by retired potato farmers and sheep ranchers. Similarly, there is wide diversity between small towns within Virginia or within Idaho.

The diversity between rural communities is further complicated when ethnic and migratory characteristics are considered. Research on the rural elderly in general is meager--research on the rural minority elderly or rural migrant elderly is almost nonexistent.

Thus, the goal for the person planning community services for the rural elderly is to avoid overgeneralizing the concept of rurality and in doing so obliterating the diversity which exists within and between rural communities. The peculiarities of the rural setting must be combined with other factors, some of which will be more important than others when deciding the direction and focus of programs for the elderly.

Age Diversity

Another potential oversimplification which the practitioner must avoid is the tendency to put everyone over 65 years of age into a single category. Indeed, those over 65 years of age share many common situations and problems. Yet, to lump their needs and interests into one category denies the developmental aspects of human growth and behavior. Given the greater longevity of our population, the aging life span now incorporates a 30 to 40 year span. From a community service planning perspective, the needs and interests of an 85 year old may differ as much from the 65 year old as would those of a 45

year old. Twenty years younger or older is a significant time span and will require practitioners to recognize the diversity which may exist.

Walter Beattie (1976) has identified five phases of aging which he argues require distinctly different types of community services (see Table 1). Although the need for such services can be loosely tied to broad chronological age ranges, the sequence should not be rigidly applied. Rather, the table is presented here to emphasize that research has demonstrated developmental diversity in the needs of the over 65 generation.

To plan services as if all individuals over 65 years of age are alike is an oversimplification which will inevitably lead to poor programming. Similarly, to plan services around a rigid conceptualization of developmental needs denies individual variability. Practitioners must recognize that life after 65 is not static, growth still occurs, and the dynamic nature of that growth needs to be recognized and reflected in community programming.

Myths About the Rural Elderly

Social service planning for the rural elderly may require a certain amount of relearning for many of us--a reversal of some commonly held misconceptions about country living. Not all small town families are like the TV Waltons! Although there are few studies which directly compare the family patterns of the rural and urban elderly, those studies which are available suggest that some differences do exist but that rural patterns may not reflect the traditional myths of the integrated rural setting.

Table 1: Community Service Planning as a Function of Developmental Phases of Aging*

TYPE OF SERVICE	APPROXIMATE AGE	SPECIFIC GOALS	TYPICAL SERVICES
Adjustment and integrative service	The "young-old"; individuals somewhere in the 50's and extended until the mid-70's.	The participation of older persons in the life of the community; the retention and use of capacities and potentials in a way that is personally satisfying and socially approved and recognized; and adjustment to new social roles in the family and in the broader community.	New careers through adult and continuing education; specialized employment and volunteer placement programs; preretirement and post-retirement counseling; bereavement counseling; income security and maintenance programs, public and voluntary; specialized recreational programs for the aging; and senior center programs.
Supportive services	75 years and older	To aid the older person in his usual living arrangements (with adult children, friends, etc.) when this is no longer possible through his own efforts.	Outreach services, organized day care; geriatric day hospitals; escort services; homemaker/home-health aides; friendly visiting; portable meal services; organized home care; substitute family care-foster care; home repair services; transportation services and telephone lifelines.
Congregate and shelter care services	Mid to late 80's and above	To protect older persons from the hazards of living in the open community or from their inability to cope with independent or family living situations due to physical and/or mental infirmity.	Day care and geriatric day hospitals; substitute family care; specialized housing, including health, social and recreational services; in-patient long-term care and treatment facilities; temporary in-patient emergency service; and, respite-family vacation care.
Protective services	Extremely advanced aged with limited mental functioning due to mental deterioration, emotional disturbances, or extreme infirmity	To protect the civil rights and personal welfare of the older person from the neglect and/or exploitation by relatives, friends, the community at large, and, at times, himself.	Coordinated and focuses organization of legal, medical, psychiatric and social services to manage affairs in such areas as providing for personal and physical needs, planning and decision making and in the handling of finances.
Specialized terminal care facilities and services	When appropriate	Enable the dying person to maintain personal integrity; support the dying person and the family in their attempts to deal with feelings and experiences related to separation and loss.	Coordinated social, psychological and medical services.

*Adapted from Beattie, W. M., Jr. Aging and the social services. In R. H. Binstock and E. Shanas (Eds.), Handbook of aging and the social sciences. New York: Van Nostrand Reinhold Company, 1976, 619-642.

After completing an extensive overview of family and friendship patterns in the rural elderly, three researchers concluded that many of the frequently held beliefs about the rural elderly have little foundation in fact (Powers, Keith & Goudy, 1975). Indeed, they essentially argued that many of the myths discussed in the literature seventeen years earlier (Kaplan & Taietz, 1958) still existed.

For example, because of the supposed anonymity of urban areas, many assume that loneliness is a greater problem for the urban aged. Yet, data indicate that the spatial isolation of rural homes, the lack of public transportation systems, the out-migration of the young, and the death of family and friends all contribute to loneliness being a major problem for the rural elderly as well.

Secondly, it is commonly held that the rural elderly remain integrated into the community even after retirement because of friendships, family ties and organizational involvement. Unfortunately, there is little data to support this belief. The social contacts between the elderly and members of their family are not greater in small towns and rural communities. At the same time, the changing nature of rural environments are eliminating some of the traditional avenues for community participation for the elderly.

Lastly, and perhaps most damagingly, the myth persists that informal helping systems abound in small towns. Within this myth the rural aged are seen as being able to turn to family, friends, and the community when there is need. It is true that the aged in rural settings turn to family and friends, but probably not in as great a number as the urban aged. Despite popular beliefs, only about 26 percent of the children of the rural elderly live in the same community as their parents.

Other myths can be added to this list. Census data have repeatedly indicated that the annual mean incomes of the rural farm and rural non-farm elderly are lower than their urban counterparts; yet, there is still the popular mental image of the rural elderly surrounded with the wealth of land and farm machinery which provides abundant income. The greatest single source of income for all elderly people is social security, and the results of one survey conducted in a midwestern state indicated that a greater percent of the rural elderly received such benefits--82 percent to 74 percent (Auerbach, 1976). This study also found that a far greater percentage of the urban elderly had savings and investments (70 percent to 30 percent); more urban elderly reported receiving financial aid from relatives (10 percent to 2.5 percent); and those receiving public assistance was exactly equal between rural and urban areas.

Similarly, in contrast to popular paintings depicting enormous white farm houses in immaculate condition, the last White House Conference on Aging in 1971 estimated that 15 percent of the substandard housing units in the United States were occupied by the rural elderly. Although the majority of the rural elderly own their own homes, many of these homes lack conveniences which are especially critical to aged persons. In testimony before the U.S. Senate's Special Committee on Aging (1971), it has been suggested that in some rural areas as many as one-third of the homes of the elderly have no running water, more than half may be without hot water, and half without indoor toilets.

Although the research literature provides little support for these myths, they continue to exist. The task for the practitioner working in small towns and rural communities becomes sifting the myth from the reality.

It is crucial for all human service practitioners to implement formal and informal needs assessment techniques to assure that their programs are built on real and not assumed needs. However, for the rural practitioner this procedure may be even more necessary since the knowledge base from which they must work is smaller and the myths as bountiful.

Involving the Elderly in Planning Meaningful Activities

As our review emphasized, the later years of life are often characterized by a loss, or at least a decline, in those roles and activities which dominated earlier years. For many the major changes--in work patterns, in parenting and spouse responsibilities, and in community activities--which are experienced in old age collectively serve to produce a void. Responding to this apparent lack of activity, many community programs for the elderly have set out to offer an avalanche of activities with which the senior citizen can occupy himself. The roster of activities posted at many senior citizen centers reads like the decathlon schedule from the most recent Olympics. Macrame classes, quilting bees, trips to the Opera, visits to the movies, bridge clubs, ceramics classes and dozens of others are offered at any "good" center!

Unfortunately, there is little evidence to suggest that the men and women for whom these activities are planned find them a meaningful or constructive use of their time. Advocates will defend these types of activities by arguing that they are offered for pleasure--as a leisure activity. But, for some of the elderly the unresolved issue of defining a meaningful existence in old age gets in the way of their enjoying such leisure time activities.

For many old people, perhaps particularly men, it is difficult at retirement to suddenly make the transition from a productive, contributing life to one of complete leisure. For these individuals a more balanced community program is needed, one which offers opportunities to continue participation beyond retirement in activities which they define as meaningful and opportunities to develop interests in leisure activities which they find enjoyable.

A greater appreciation of the need of the elderly to engage in meaningful activities has spawned several programs which have attempted to capitalize on the human resources the elderly represent and involve them in productive activities during retirement. Using retired executives as consultants to fledgling businessmen, involving retired teachers as tutors in programs for special children, having retired men with trade backgrounds teach underprivileged adolescents their skills, using senior citizens as teaching assistants in understaffed preschool programs all represent attempts to engage retired persons in activities which begin to fill a part of the void in their lives, but which also provide a sense of contribution and meaningfulness. It is our opinion that more of such programs are needed--and perhaps most strikingly in rural areas.

But for the practitioner it is unclear, at this point, what activities would be defined as a meaningful use of time by those elderly residing in small towns and rural communities. It is necessary, then, for rural community planners to use some systematic method for collecting such information. Once such data was collected, only the creativity of the planners would limit the types of programs which could be developed.

This brings us to another aspect of planning which we feel is important--the active involvement of the elderly in defining, planning and delivering

community programs. All too often community programs for the elderly are designed by young to middle aged adults who think they know what it is like to be old and are convinced they know what the elderly need. Yet, experience has highlighted the advantages of empirically validating the needs of a target population and the disadvantages of making a priori judgments about those needs. Several projects have noted a decrease in their program impact when the preferences of the eventual audience were not taken into account before the program was planned. Indeed, those who study planned social change have characterized a period of needs assessment as a necessary first step in the process.

Besides, our earlier review suggested that the perceived loss of independence (that is, the sense of loss of control over their lives) is a major problem for many of the elderly. Those community programs which purport to serve the aged, therefore, should not contribute to such feelings by excluding aged representatives from those boards which make policy decisions and define the program. In some areas "Gray Power" has served as a rallying slogan to represent those elderly who are asserting their right to self-determination. And by all means, programs should not provide simply token responsibility--it almost surely will be seen for what it is. Rather, real power should be turned over to those elderly who will assume it, and planners should make a conscious commitment to encourage the fullest participation by the elderly in all aspects of the program.

Service Delivery Cooperation in Rural Communities

Of all the problems that have plagued the development of human services for the rural elderly perhaps the most important, and yet the one least written

about, is that which is caused by the attitudes and perceptions of social intervention which are so deeply ingrained in many of the inhabitants of small towns and rural communities. Many human service programs have been plagued by an inability to establish credibility in rural areas. The first exposure of most rural areas to human services was through welfare programs and to a large extent the public attitudes formed toward that program have lingered on to color the perceptions of all subsequent social interventions. Arnold Auerbach (1976) has suggested that:

> this situation has generated a concept in the rural elderly that accepts little of the modern philosophy prevalent in the cities that there are government and voluntary agencies which have a social responsibility to look after the welfare of the citizens (p. 104).

This spirit of independence is further reflected in the rural elderly's perceptions of their own needs. In one needs assessment survey, 85 percent of the rural elderly reported they needed nothing (Auerbach, 1976)! In contrast, a survey of the urban elderly in the same state indicated that 45 percent reported more money as their greatest need (Kirschner Associates, Note 1). Better health, more police protection, and more legislation for the aged were the needs ranked next in importance for the urban elderly. Yet the latter, legislation for the aged, seemed to be a "foreign concept" to the rural elderly (Auerbach, 1976).

The establishment of rural credibility for human services has all too often been complicated by reform-minded newcomers hell-bent on making conditions better (as they define better); convinced that they know the way (and that people will follow them); and ignorant of the formal and informal lines of communication, authority and self-help that have already been

established. The inhibiting role of attitudes is thus at least two-edged; one edge reflects the reluctance of rural communities to embrace openly the formal social intervention philosophy, and the other reflects a perception on the part of reformists that nothing is happening in rural areas or that because there are few people or buildings in one place, life is simple. The latter should be cautioned that a small scale of life does not necessarily imply simplicity.

It is not that rural communities have resisted all forms of community services; rather, it would seem that newly created helping agencies which are thrust upon small towns are often met with initial resistance. Over the years, however, certain organizations seem to have been able to establish credibility in providing family-oriented services and thus have been accepted by rural residents. Perhaps most notable among these are such groups as the church, the public schools, and the Cooperative Extension Service. Several authors have argued that the delivery of new services in rural areas could be facilitated by supporting, rather than supplanting, such already established groups (Ginsberg, 1971; Coward, Kerckhoff & Jackson, Note 2). Such a strategy may serve to reduce the resistance of rural residents to what are seen as outside intrusions and increase the use of services because of identification with an already accepted community organization with established credibility.

The development of such service delivery cooperation within rural communities is, however, not without problems. As societies on the whole become more bureaucratic, the horizontal ties between local community units become weaker and the vertical ties of local community units to institutions

outside the community become stronger (Warren, 1963). The bureaucratic nature and size of human services in the United States, including those for the elderly, have been resisted by the inhabitants of some rural areas and may also have served to weaken the more naturally occuring ties which have existed between established community organizations and institutions. Anne Williams (1976) has suggested that the challenge facing rural practitioners is:

> to strengthen the "horizontal" ties within the community and in so doing provide mechanisms to encourage service integration at the local level. However, the "vertical" or outside forces which have tended to weaken and make obsolete many of the institutions within rural communities must somehow be used to the advantage of the local community.

The strengthening of horizontal ties in rural communities can be enhanced by the implementation of programming which supports and/or cooperates with, instead of replaces, already established community units. This is not a new proposal in the area of programming for the elderly. The creation of Area Agencies on Aging was intended to coordinate and integrate the services for the elderly within a particular community. Nevertheless, these agencies have had their difficulties. Evidence abounds which suggests that efforts to coordinate the services within a community are inevitably met by resistance (Taietz, 1975). In part this is probably a function of the artificial boundaries professionals establish as their territory. The enormous intercommunity competition for the relatively limited number of available resources serves to foster territoriality and not cooperation and integration.

The coordination of services for the elderly has been urged for all communities, but for the small town it may be particularly crucial. Because rural communities have tended to be more cautious about accepting the formal

social intervention philosophy, and because the "social cost of space"[2] works against specialization, those planning services for rural areas may need to commit themselves more earnestly to cooperative efforts and reject the self-serving, but perhaps self-destructive, attitude of separativeness.

Family and Network Oriented Programming for the Rural Elderly

With the exception of a very few elderly, the vast majority of the aged are linked in significant ways with their kindred. There is evidence to suggest that, despite physical separation from their children, the emotional ties between adult children and older parents remain quite strong. Perhaps most importantly for the purpose of our discussion, more often than not aged parents will turn to their children for assistance in times of need. Several authors argue that when considering care for some of the elderly, the primary family group provides a reasonable and responsible alternative to the large human service bureaucracies which currently exist (Shanas & Sussman, 1977). To these authors, the major tasks confronting practitioners are twofold: (1) how to more effectively involve family and kin network in long-term care of the elderly; and (2) how to do this without using the power of law and without destroying the internal dynamics of the particular family unit.

The overwhelming majority of human services, and programs for the elderly are no exception, are developed and delivered for individuals as if they lived in a social vacuum. That is, the programs fail to recognize that the recipients of their services are embedded in a social context. In most

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[2] Kraenzil (Note 3) has suggested that families living in small towns and rural communities pay high social costs (e.g., time expended to reach service centers) as a function of the sparsity of population and spaciousness of their environment.

cases that context is a family or kinship group, but it can just as appropriately include whatever intimate circle of human beings surrounds the aged person. In some instances a greater appreciation of the interrelatedness of the many systems which impact an individual or an institution has led human service practitioners to recognize the importance of incorporating relevant parts of the system into the change process. In fact, the concept of systems is useful because it dramatically highlights the twin beliefs that social services will affect more than just the client, and to affect the client it might be necessary to involve significant other people in the social system, especially the family.

The network-oriented approach, therefore, has two dimensions which warrant consideration by the practitioner with responsibility for programming for the elderly. Firstly, there is the possibility of increasing the impact of traditional interventions as a function of involving in the process significant others as defined by the aged individual. Secondly, the alternative of shifting primary delivery responsibility to those families or networks who can assume them, and thus creating a support role for the human service professional, reduces the need for large numbers of local professionals and presumably has cost benefits as well. The latter may be particularly advantageous to those responsible for delivering services in rural areas where cost and professional staffing are major obstacles to program development. Shanas and Sussman (1977) believe that the use of the family to deliver services is workable if the tremendous resources which are now consumed by the human service bureaucracy were reallocated to provide incentives for families to assume their filial responsibilities for the elderly.

A complementary strategy, which reflects a recent trend in community psychology, is built on a greater recognition of, and appreciation for, the existence of naturally occuring helping networks. Variously called natural neighbors or natural helping networks (Collins & Pancoast, 1977); effective networks (Epstein, 1961); primary group support (Gottlieb, in press); or natural support systems (Hirsch, 1977)--collectively they refer to social relationships and contacts which are spontaneous in nature, in contrast to artificially imposed, and which are supportive in function. Research has demonstrated that almost everyone can name some individuals who have supported them in the past, or to whom they would turn in the future if they needed everyday or crisis support (Litwak & Szelinzi, 1969; McKinlay, 1973).

The study, development and use of strong natural helping systems is increasingly seen as a top priority for practitioners interested in the delivery of human services (Gottlieb, in press; Kelly, Snowden & Munoz, 1977). Attention recently has been directed toward the role such networks can assume in preventive or crisis intervention. Collins and Pancoast (1977) captured the essence of this new perspective when they noted:

> Formal social welfare services have been developed to compensate for breakdowns in informal problem-solving processes. There is a danger, however, that the social worker may become absorbed in organizing and maintaining formal services and be blind to the informal, positive, helping activities that go on constantly outside the confines of formal services. Were it not for the informal services of helping networks, social agencies--whether they recognize it or not--would be swamped. Besides carrying the bulk of the service load in many sectors (for example, day care, home care for the elderly, and temporary foster care), helping networks also carry out a widespread preventive program. They offer accessible, individualized services that formal agencies could never match (pp. 24-25).

The potential for the use of such helping networks in the delivery of human services in rural communities is particularly attractive and has been proposed previously (President's Commission on Mental Health, 1978). Coward (Note 1) has argued that the use and support of naturally occuring helping systems seem to involve several advantages for rural practitioners:

- The resistance of many rural residents to formal, artificially-established helping agencies may be circumvented by the delivery of services through more naturally occuring networks.

- The difficulty isolated, sparsely populated areas have experienced in attracting and holding professionals may be reduced through the use of natural networks. When using such networks it would not be absolutely necessary to maintain an "in-resident" expert and, therefore, alternative organizational strategies could be considered. For example, Coward, Kerckhoff and Jackson (Note 2) have proposed a model for delivering family-oriented social programs that is built on a small professional resource staff which are available to support a network of local lay leaders, but which can be housed elsewhere (perhaps in a more urban setting or at the state university).

- The per person cost of services may be reduced by multiplying the work of any one professional times the number of "central figures"[3] he or she can support times the number of individuals each central figure in turn helps.

- The difficulties of program location, transportation and acquiring physical facilities are all eliminated because delivery is reduced to personalized services, provided in informal natural settings, between close social associates. There is no need for the trappings of the agency bureaucracy--buildings, offices, desks, receptionists, etc. Similarly, the dilemma facing rural professionals of whether "Mohammed goes to the mountain" or the "mountain goes to Mohammed" is eliminated because the helping network is left to operate in its natural manner, and not dictated by some cost/efficiency ratio.

Several examples exist of rural community programs which have included natural helping networks in their system of service delivery (Collins &

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[3] In some networks mutual aid is clearly the dominant mode of interaction. However, in many other networks the helping activities seem to flow mainly in one direction. In these later networks there is no apparent repayment which the helpers receive for their efforts. Collins and Pancost (1977) have called this primary caregiving person--who does not receive reciprocal repayment--a "central figure" (p. 25).

Pancoast, 1977). Yet, despite the reported success of these attempts, this approach has not received widespread adoption as a significant alternative.

But perhaps it is an idea whose time has come! The increased population growth of nonmetropolitan areas (Beale, 1975) reflects an end to the rural-to-urban migration pattern that was so common in the decades immediately following World War II. Besides, data have emerged which demonstrate that such problems as marital dissatisfaction, divorce, mental health, poverty, child abuse, substance abuse, inadequate schooling, poor housing and the displaced elderly are not the invention of the big city but actually do happen "down on the farm" (Brown, 1977; Bultena, 1969; Burchinal, 1965; Hollister, 1973; Hussey, 1972). In combination, these two trends have placed increasing pressure on public officials to offer a greater number and variety of human services to rural residents. Since the adoption and/or adaptation of urban models has not been entirely successful--indeed, it has failed miserably in some cases--increasing attention is being directed at exploring alternative strategies for program delivery. The use of natural helping systems is but one of the variety of alternatives available; but it is, in our minds, one that deserves greater attention.

Closing

In preparing these guidelines we have attempted to review and digest a large portion of the ever-expanding literature on the elderly, on aging in rural environments, and on the delivery of services in small towns and rural communities. Our intent was to reduce this large mass to a few critical implications which would reflect important considerations for practitioners developing and delivering programs for the elderly, especially those living in small towns and rural communities.

Basically, the controversial issue of whether the rural elderly differ in significant ways from the urban elderly has been side-stepped. Some of the research that suggests that such differences do exist has been reviewed. For the topic of this discussion, however, the more critical perspective, which is seldom disputed but infrequently acted on, is that delivering social services in rural areas does differ in important ways from work in large urban centers. The two environments are not mutually exclusive, but differ enough to require distinctly unique considerations during planning and delivery. Some of the more major considerations for those planning services for the rural elderly have been reviewed in this manual.

Programming for the rural elderly is already a major concern in our country and this concern will continue. Therefore, it behoves social gerontologists, family and rural sociologists, family life educators, and other family-oriented practitioners to join now in exploring innovative alternatives and adaptations of existing models to render them consistent with our best understanding of the rural elderly and rural community development.

SECTION VI:

SELECTED BIBLIOGRAPHY

Throughout this manual we have drawn heavily on the works of other researchers. Yet, we decided in this project that we would reduce the number of references quoted in the text to a minimum. We did not want the trees to blur the view of the forest! By choosing this style we did not mean to imply that the work of others was of secondary importance, for surely without their contributions there would be no need for this manual.

During the course of the project we reviewed literally hundreds of research reports, journal articles, paper presentations, book chapters and university bulletins. In the bibliography which follows, however, we have decided not to offer a computer-like list of all that we were able to review. Rather, we have decided to pare that enormous list to those seminal pieces which were most fruitful in our endeavor and on which we relied most heavily.

The references have been separated into those sections of the manual in which they were used, therefore, several references will be found listed in more than one section.

Section I:

Planning Community Programs for the Rural Elderly

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